

**COMBINED DECLARATION  
AND POWER OF ATTORNEY****(Original, Design, National Stage of PCT, Divisional, Continuation or C-I-P Application)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ANTIMICROBIAL MEDICAL DEVICES**

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ national stage of PCT.
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (C-I-P)

the specification of which: *(complete (a), (b), or (c))*

- (a) ☐ is attached hereto.
- (b) ☒ was filed on December 22, 2000 as Application Serial No. 09/746,670 and was amended on *(if applicable)*.
- (c) ☐ was described and claimed in PCT International Application No. filed on and was amended on *(if applicable)*.

**Acknowledgement of Review of Papers and Duty of Candor**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56.

☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.98.

**Priority Claim**

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT International Application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International Application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application on which priority is claimed

*(complete (d) or (e))*

- (d) ☒ no such applications have been filed.
- (e) ☐ such applications have been filed as follows:

| PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION       |                 |                                      |   |
|---|-----------------|--------------------------------------|---|
| COUNTRY   | APPLICATION NO. | DATE OF FILING<br>(day, month, year) | DATE OF ISSUE<br>(day, month, year)   |
|   |                 |                                      | PRIORITY CLAIMED<br>UNDER 35 USC 119<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |
|   |                 |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>   |
|   |                 |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>   |
| ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION |                 |                                      |   |
|   |                 |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>   |
|   |                 |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>   |
|   |                 |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>   |

### Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

| Provisional Application Number | Filing Date |
|--------------------------------|-------------|
|                                |             |
|                                |             |
|                                |             |

### Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120

*(complete this part only if this is a divisional, continuation or C-I-P application)*

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

|                          |               |   |
|--------------------------|---------------|---|
| (Application Serial No.) | (Filing Date) | (Status) (patented, pending, abandoned) |
|--------------------------|---------------|---|

|                          |               |   |
|--------------------------|---------------|---|
| (Application Serial No.) | (Filing Date) | (Status) (patented, pending, abandoned) |
|--------------------------|---------------|---|

### Power of Attorney

As a named inventor, I hereby appoint Dana M. Raymond, Reg. No. 18,540; Frederick C. Carver, Reg. No. 17,021; Francis J. Hone, Reg. No. 18,662; Joseph D. Garon, Reg. No. 20,420; Arthur S. Tenser, Reg. No. 18,839; Ronald B. Hildreth, Reg. No. 19,498; Thomas R. Nesbitt, Jr., Reg. No. 22,075; Robert Neuner, Reg. No. 24,316; Richard G. Berkley, Reg. No. 25,465; Richard S. Clark, Reg. No. 26,154; Bradley B. Geist, Reg. No. 27,551; James J. Maune, Reg. No. 26,946; John D. Murnane, Reg. No. 29,836; Henry Tang, Reg. No. 29,705; Robert C. Scheinfeld, Reg. No. 31,300; John A. Fogarty, Jr., Reg. No. 22,348; Louis S. Sorell, Reg. No. 32,439; Rochelle K. Seide Reg. No. 32,300; Gary M. Butter, Reg. No. 33,841; Marta E. Delsignore, Reg. No. 32,689; Lisa B. Kole, Reg. No. 35,225; and Anthony Giaccio, Reg. No. 39,684 of the firm of BAKER BOTTS L.L.P., with offices at 30 Rockefeller Plaza, New York, New York 10112, as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

|  |   |
|--|---|
| <b>SEND CORRESPONDENCE TO:</b><br>BAKER BOTTS L.L.P.<br>30 ROCKEFELLER PLAZA, NEW YORK, N.Y. 10112<br>CUSTOMER NUMBER: 21003 | <b>DIRECT TELEPHONE CALLS TO:</b><br>BAKER BOTTS L.L.P.<br>(212) 705-5000 |
|--|---|

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge

OCT 27 2003  
 PATENT & TRADEMARK OFFICE  
 JCT 109-30103

BAKER BOTTELL LLP.

FILE # A33432 070050.1354

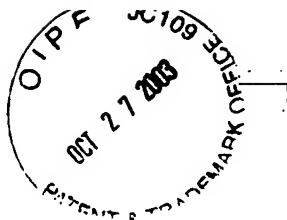
that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|  |  |  |                                |                   |
|--|--|--|--------------------------------|-------------------|
| FULL NAME OF SOLE OR FIRST INVENTOR        | LAST NAME<br>Modak                             | FIRST NAME<br>Shanta                   | MIDDLE NAME<br>M.              |                   |
| RESIDENCE & CITIZENSHIP                    | CITY<br>River Edge                             | STATE or FOREIGN COUNTRY<br>New Jersey | COUNTRY OF CITIZENSHIP<br>U.S. |                   |
| POST OFFICE ADDRESS                        | POST OFFICE ADDRESS<br>184 Howland Avenue      | CITY<br>River Edge                     | STATE or COUNTRY<br>NJ         | ZIP CODE<br>07661 |
| DATE<br>1/30/2001                          | SIGNATURE OF INVENTOR<br><i>Shanta Modak</i>   |  |                                |                   |
| FULL NAME OF SECOND JOINT INVENTOR, IF ANY | LAST NAME<br>Sampath                           | FIRST NAME<br>Lester                   | MIDDLE NAME<br>A.              |                   |
| RESIDENCE & CITIZENSHIP                    | CITY<br>Nyack                                  | STATE or FOREIGN COUNTRY<br>New York   | COUNTRY OF CITIZENSHIP<br>U.S. |                   |
| POST OFFICE ADDRESS                        | POST OFFICE ADDRESS<br>7 Lawrence Street       | CITY<br>Nyack                          | STATE or COUNTRY<br>NY         | ZIP CODE<br>10960 |
| DATE<br>1/30/2001                          | SIGNATURE OF INVENTOR<br><i>Lester Sampath</i> |  |                                |                   |
| FULL NAME OF THIRD JOINT INVENTOR, IF ANY  | LAST NAME                                      | FIRST NAME                             | MIDDLE NAME                    |                   |
| RESIDENCE & CITIZENSHIP                    | CITY   | STATE or FOREIGN COUNTRY               | COUNTRY OF CITIZENSHIP         |                   |
| POST OFFICE ADDRESS                        | POST OFFICE ADDRESS                            | CITY                                   | STATE or COUNTRY               | ZIP CODE          |
| DATE                                       | SIGNATURE OF INVENTOR                          |  |                                |                   |
| FULL NAME OF FOURTH JOINT INVENTOR, IF ANY | LAST NAME                                      | FIRST NAME                             | MIDDLE NAME                    |                   |
| RESIDENCE & CITIZENSHIP                    | CITY   | STATE or FOREIGN COUNTRY               | COUNTRY OF CITIZENSHIP         |                   |
| POST OFFICE ADDRESS                        | POST OFFICE ADDRESS                            | CITY                                   | STATE or COUNTRY               | ZIP CODE          |
| DATE                                       | SIGNATURE OF INVENTOR                          |  |                                |                   |
| FULL NAME OF FIFTH JOINT INVENTOR, IF ANY  | LAST NAME                                      | FIRST NAME                             | MIDDLE NAME                    |                   |
| RESIDENCE & CITIZENSHIP                    | CITY   | STATE or FOREIGN COUNTRY               | COUNTRY OF CITIZENSHIP         |                   |
| POST OFFICE ADDRESS                        | POST OFFICE ADDRESS                            | CITY                                   | STATE or COUNTRY               | ZIP CODE          |
| DATE                                       | SIGNATURE OF INVENTOR                          |  |                                |                   |
| FULL NAME OF SIXTH JOINT INVENTOR, IF ANY  | LAST NAME                                      | FIRST NAME                             | MIDDLE NAME                    |                   |
| RESIDENCE & CITIZENSHIP                    | CITY   | STATE or FOREIGN COUNTRY               | COUNTRY OF CITIZENSHIP         |                   |
| POST OFFICE ADDRESS                        | POST OFFICE ADDRESS                            | CITY                                   | STATE or COUNTRY               | ZIP CODE          |
| DATE                                       | SIGNATURE OF INVENTOR                          |  |                                |                   |

|   |                       |                          |                        |          |
|---|-----------------------|--------------------------|------------------------|----------|
| FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY | LAST NAME             | FIRST NAME               | MIDDLE NAME            |          |
| RESIDENCE & CITIZENSHIP                     | CITY                  | STATE or FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |          |
| POST OFFICE ADDRESS                         | POST OFFICE ADDRESS   | CITY                     | STATE or COUNTRY       | ZIP CODE |
| DATE  | SIGNATURE OF INVENTOR |                          |                        |          |

Check proper box(es) for any added page(s) forming a part of this declaration

- ☐ Signature for ninth and subsequent joint inventors. Number of pages added \_\_\_\_\_.
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.  
Number of pages added \_\_\_\_\_.
- ☐ Signature for inventor who refuses to sign, or cannot be reached, by person authorized under 37 CFR 1.47.  
Number of pages added \_\_\_\_\_.

**COMBINED DECLARATION  
AND POWER OF ATTORNEY****(Original, Design, National Stage of PCT, Divisional, Continuation or C-I-P Application)**

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☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.98.

**Priority Claim**

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*(complete (d) or (e))*

(d) ☒ no such applications have been filed.

(e) ☐ such applications have been filed as follows:

| PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION       |                 |                                      |   |
|---|-----------------|--------------------------------------|---|
| COUNTRY   | APPLICATION NO. | DATE OF FILING<br>(day, month, year) | DATE OF ISSUE<br>(day, month, year)   |
|   |                 |                                      | PRIORITY CLAIMED<br>UNDER 35 USC 119<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |
|   |                 |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>   |
|   |                 |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>   |
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|   |                 |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>   |
|   |                 |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>   |
|   |                 |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>   |

### Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

| Provisional Application Number | Filing Date |
|--------------------------------|-------------|
|                                |             |
|                                |             |
|                                |             |

### Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120

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|                          |               |   |
|--------------------------|---------------|---|
| (Application Serial No.) | (Filing Date) | (Status) (patented, pending, abandoned) |
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|   |  |
|---|--|
| SEND CORRESPONDENCE TO:<br>BAKER BOTTS L.L.P.<br>30 ROCKEFELLER PLAZA, NEW YORK, N.Y. 10112<br>CUSTOMER NUMBER: 21003 | DIRECT TELEPHONE CALLS TO:<br>BAKER BOTTS L.L.P.<br>(212) 705-5000 |
|---|--|

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge

that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|  |  |  |                                |                   |
|--|--|--|--------------------------------|-------------------|
| FULL NAME OF SOLE OR FIRST INVENTOR        | LAST NAME<br>Modak                             | FIRST NAME<br>Shanta                   | MIDDLE NAME<br>M.              |                   |
| RESIDENCE & CITIZENSHIP                    | CITY<br>River Edge                             | STATE or FOREIGN COUNTRY<br>New Jersey | COUNTRY OF CITIZENSHIP<br>U.S. |                   |
| POST OFFICE ADDRESS                        | POST OFFICE ADDRESS<br>184 Howland Avenue      | CITY<br>River Edge                     | STATE or COUNTRY<br>NJ         | ZIP CODE<br>07661 |
| DATE<br>11/30/2001                         | SIGNATURE OF INVENTOR<br><i>Shanta Modak</i>   |  |                                |                   |
| FULL NAME OF SECOND JOINT INVENTOR, IF ANY | LAST NAME<br>Sampath                           | FIRST NAME<br>Lester                   | MIDDLE NAME<br>A.              |                   |
| RESIDENCE & CITIZENSHIP                    | CITY<br>Nyack                                  | STATE or FOREIGN COUNTRY<br>New York   | COUNTRY OF CITIZENSHIP<br>U.S. |                   |
| POST OFFICE ADDRESS                        | POST OFFICE ADDRESS<br>7 Lawrence Street       | CITY<br>Nyack                          | STATE or COUNTRY<br>NY         | ZIP CODE<br>10960 |
| DATE<br>11/30/2001                         | SIGNATURE OF INVENTOR<br><i>Lester Sampath</i> |  |                                |                   |
| FULL NAME OF THIRD JOINT INVENTOR, IF ANY  | LAST NAME                                      | FIRST NAME                             | MIDDLE NAME                    |                   |
| RESIDENCE & CITIZENSHIP                    | CITY   | STATE or FOREIGN COUNTRY               | COUNTRY OF CITIZENSHIP         |                   |
| POST OFFICE ADDRESS                        | POST OFFICE ADDRESS                            | CITY                                   | STATE or COUNTRY               | ZIP CODE          |
| DATE                                       | SIGNATURE OF INVENTOR                          |  |                                |                   |
| FULL NAME OF FOURTH JOINT INVENTOR, IF ANY | LAST NAME                                      | FIRST NAME                             | MIDDLE NAME                    |                   |
| RESIDENCE & CITIZENSHIP                    | CITY   | STATE or FOREIGN COUNTRY               | COUNTRY OF CITIZENSHIP         |                   |
| POST OFFICE ADDRESS                        | POST OFFICE ADDRESS                            | CITY                                   | STATE or COUNTRY               | ZIP CODE          |
| DATE                                       | SIGNATURE OF INVENTOR                          |  |                                |                   |
| FULL NAME OF FIFTH JOINT INVENTOR, IF ANY  | LAST NAME                                      | FIRST NAME                             | MIDDLE NAME                    |                   |
| RESIDENCE & CITIZENSHIP                    | CITY   | STATE or FOREIGN COUNTRY               | COUNTRY OF CITIZENSHIP         |                   |
| POST OFFICE ADDRESS                        | POST OFFICE ADDRESS                            | CITY                                   | STATE or COUNTRY               | ZIP CODE          |
| DATE                                       | SIGNATURE OF INVENTOR                          |  |                                |                   |
| FULL NAME OF SIXTH JOINT INVENTOR, IF ANY  | LAST NAME                                      | FIRST NAME                             | MIDDLE NAME                    |                   |
| RESIDENCE & CITIZENSHIP                    | CITY   | STATE or FOREIGN COUNTRY               | COUNTRY OF CITIZENSHIP         |                   |
| POST OFFICE ADDRESS                        | POST OFFICE ADDRESS                            | CITY                                   | STATE or COUNTRY               | ZIP CODE          |
| DATE                                       | SIGNATURE OF INVENTOR                          |  |                                |                   |

|   |                       |                          |                        |          |
|---|-----------------------|--------------------------|------------------------|----------|
| FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY | LAST NAME             | FIRST NAME               | MIDDLE NAME            |          |
| RESIDENCE & CITIZENSHIP                     | CITY                  | STATE or FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |          |
| POST OFFICE ADDRESS                         | POST OFFICE ADDRESS   | CITY                     | STATE or COUNTRY       | ZIP CODE |
| DATE  | SIGNATURE OF INVENTOR |                          |                        |          |

Check proper box(es) for any added page(s) forming a part of this declaration

- ☐ Signature for ninth and subsequent joint inventors. Number of pages added \_\_\_\_\_.
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.  
Number of pages added \_\_\_\_\_.
- ☐ Signature for inventor who refuses to sign, or cannot be reached, by person authorized under 37 CFR 1.47.  
Number of pages added \_\_\_\_\_.